

Abstract 303

TITLE: Think HIV: Physicians Should Lower Their Threshold for HIV Testing

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ISSUE: Most patients with HIV disease in the United States enter care with CD4 counts below 500/ul, and a large percentage meet AIDS criteria at the time of HIV testing.

SETTING: Primary care clinics, urgent care clinics, emergency rooms.

PROJECT: Despite the presence of historical, clinical, and laboratory findings which raise the possibility of decreased immune function in patients, physicians infrequently recommend HIV testing based on factors other than the major risk behaviors or AIDS-defining opportunistic infections. Seroprevalence studies in the U. S. show prevalences in different populations ranging from 1.0% to 39.1%, but little work has focused on the seroprevalence in specific clinical subgroups.

RESULTS: Based on an estimated overall U. S. seroprevalence of 0.3%, it is likely that some patients who present with findings suggestive of immune suppression will have greater than 1 per 100 likelihood of being HIV-infected (i.e., seroprevalence over 1.0%). These include patients with community-acquired pneumonia, herpes zoster, alcohol dependence, other STDs, ononucleosis syndrome, leukopenia, and thrombocytopenia, among others.

CONCLUSIONS: Physicians and other clinicians who see patients in episodic and primary care sites are in a unique position to explain to individuals with these moderate risk conditions the importance of HIV testing prior to the presence of manifestations of opportunistic infection. Medical providers must recognize the early manifestations and risks for HIV, and lower their threshold for HIV testing.

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